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SENATE

REPORT
101-373

# INJURY CONTROL REAUTHORIZATION ACT OF 1990

JULY 17 (legislative day, JULY 10), 1990.—Ordered to be printed

Mr. KENNEDY, from the Committee on Labor and Human Resources, submitted the following

## REPORT

[To accompany S. 2631]

The Committee on Labor and Human Resources, to which was referred the bill (S. 2631) to amend the Public Health Service Act to reauthorize certain injury control programs, and for other purposes, having considered the same, reports favorably thereon with an amendment in the nature of a substitute, and recommends that the bill as amended do pass.

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## I. SUMMARY OF BILL

The Injury Control Reauthorization Act of 1990 amends Title III of the Public Health Service Act by reauthorizing and extending the award process for injury control programs to include grants and cooperative agreements and by permitting awards to academic institutions, public and not-for-profit organizations. Emphasis is placed on the dissemination of information regarding specific populations and authorized appropriation is $36,000,000 for FY 1991 and such sums as necessary for each of fiscal years 1992 through 1995.

39-006

S 543-14

This bill also amends Title III of the Public Health Service Act to authorize the Secretary of the Department of Health and Human Services to make grants, contracts and cooperative agreements with public and private nonprofit entities for the prevention of disabilities and secondary disabilities. This bill also allows the Secretary to provide technical assistance with regard to planning, development and operation in the form of equipment or detailees from the Department of Health and Human Services for demonstration programs, studies, education and professional training. An annual evaluation report on disabilities prevention programs is required to Congress.

## II. Background and Need

The impact of injury on society is enormous in terms of the economic cost, the public and private burden of the cost, and the devastating effect on the lives of injured persons and their families. Injuries are the leading cause of years of potential life lost (YPLL) before the age of 65. These costs of years of life lost from premature death due to injury and from productive work losses due to disability are higher than from any other single cause of death, including heart disease and cancer.

In 1986, injury accounted for over 3,700,000 YPLL or 31 percent of YPLL from all causes. Deaths resulting from intentional acts of violence accounted for 36 percent of all injury YPLL. Injury is a principal cause of disability among persons of all ages but the leading cause of disability among young persons.

The National Research Council (NRC) published a report on injury in 1966 entitled "Accidental Death and Disability: The Neglected Disease of Modern Society." This report documented the seriousness of injuries in America and recommended that research and manpower support be provided in this area. However, injury control has received relatively low support when compared with funding of cancer, heart disease, and other major health problems.

In 1983, Congress directed the Secretary of the Department of Transportation (DOT) to determine; what is known about injury; what research should be done to learn more; and what arrangements the Federal government should use to increase and improve the knowledge of injury. In response, the Secretary of DOT charged the National Academy of Sciences (of the National Research Council) with the project. The National Research Council and the Institute of Medicine established a Committee on Trauma to examine the public health implications of injury.

In 1985, the Trauma Committee published "Injury in America" which included a history of injury control research needs, and a primary recommendation that a Center for Injury Control be created within the Centers for Disease Control for implementation of national injury control programs.

In 1986, Congress appropriated $10 million for a three year-pilot project to the DOT for injury control programs. Activities were coordinated throught the CDC for research and extramural grants. P.L. 99-649 authorized the Injury Prevention Act of 1986, officially placing an injury control program in CDC and authorized appropriations for fiscal years 1988, 1989 and 1990.

The program was set in the Division of Injury Epidemiology and Control, Center for Environmental Health and Injury Control (Previously named Center for Environmental Health). A study was required by January 1, 1989 from the Director of the CDC analyzing the incidence and causes of childhood injuries with recommendations for Congress. Other activities initiated in 1986 included: establishing 5 Injury Prevention Research Centers; awarding of 31 three-year projects; participation in international activities; providing technical assistance to States and local health departments, and maintaining in-house surveillance and research.

In 1988, Congress requested that the DOT conduct a status review and progress report of the program. DOT asked the NRC to execute the study and it formed a committee which released "Injury Control: A Review of the Status and Progress of the Injury Control Program at the Centers for Disease Control." It included, for the second time, a recommendation that a permanent Center for Injury Control be established in CDC.

Another recommendation from this report was that the integration of biomechanics, acute care and rehabilitation into the epidemiology and prevention components needs to be expedited. However, the injury control program was considered to be very successful despite the fact that an independent Center for Injury Control has not been created.

In 1986, the National Council on Disability a 15 member advisory group created by Congress published a report, "Toward Independence," which placed a high priority on the development of a national strategy for the prevention of primary and secondary disabilities. A goal established by the advisory group as a result of report information was for each State to have a Disability Prevention Project.

In December 1987, the Continuing Appropriation Act for Fiscal Year 1988 created the Disabilities Prevention Program. Appropriation was $3.83 million and administrative responsibilities were given to the CDC. Objectives included the provision of a national focus for the prevention of disabilities; building capacity at the State and community levels, and increasing the knowledge base for effective interventions. In FY 1988, nine States became part of the new National Program for the Prevention of Disabilities and demonstration/epidemiology projects were developed at three universities and one State spinal cord injury commission. A contract has also been awarded to the Institute of Medicine/National Academy of Sciences to conduct a national study on the prevention of disabilities.

## III. Text of the Bill

[S. 2631, 101st Cong., 2d Sess.]

**A BILL To amend the Public Health Service Act to reauthorize certain injury control programs, and for other purposes**

***Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,***

SECTION 1. SHORT TITLE.

This Act may be cited as the Injury Control Program Reauthorization Act of 1990.

SEC. 2. COOPERATIVE AGREEMENTS AND CONTRACTS.

Section 391(a) of the Public Health Service Act (42 U.S.C. 280b(a)) is amended—

(1) in paragraph (1), by striking out "and" at the end thereof;

(2) in paragraph (2)—

(A) by inserting ", or enter into cooperative agreements with," after "make grants to"; and

(B) by striking out the period and inserting in lieu thereof "; and"; and

(3) by adding at the end thereof the following new paragraph:

"(3) makes grants available to academic institutions for the training of injury control researchers.".

SEC 3. CONTROL ACTIVITIES.

Section 392 of the Public Health Service Act (42 U.S.C. 280b–1) is amended—

(1) in subsection (a)—

(A) by striking out "and" at the end of paragraph (1);

(B) by striking out the period in paragraph (2) and inserting in lieu thereof "; and"; and

(C) by adding at the end thereof the following new paragraph:

"(3) in conducting activities under paragraph (1) or (2), give emphasis to the dissemination of prevention information and injury control activities for elderly individuals and children, including those elderly and children residing in rural areas."; and

(2) in subsection (b)(2), by adding before the period the following: ", with public and private not-for-profit organizations such as community-based organizations, and with universities through grants, contracts, and cooperative agreements".

SEC. 4. AUTHORIZATION OF APPROPRIATIONS.

Section 394 of the Public Health Service Act (42 U.S.C. 280b–3) is amended to read as follows:

"SEC. 394. AUTHORIZATION OF APPROPRIATIONS.

"There are authorized to be appropriated to carry out this part, $40,000,000 for fiscal year 1991, and such sums as may be necessary in each of the fiscal years 1992 through 1995. Of the amounts appropriated under this section for any fiscal year, not to exceed 20 percent shall be used for Federal administrative expenses to carry out this part for such fiscal year.".

SEC. 5. DISABILITIES PREVENTION.

(a) SHORT TITLE.—This section may be cited as the "Disabilities Prevention Act of 1990".

(b) ESTABLISHMENT OF PROGRAM FOR PREVENTION OF DISABILITIES.—Part B of title III of the Public Health Service Act (42 U.S.C. 243 et seq.) is amended by inserting after section 319 (42 U.S.C. 247d) the following new section:

"SEC. 319A. PREVENTION OF DISABILITIES.

"(a) IN GENERAL.—The Secretary, acting through the Director of the Centers for Disease Control, may make grants to, or enter into contracts or cooperative agreements with, public and nonprofit private entities for the purpose of carrying out programs for the prevention of disabilities and for the prevention of secondary conditions resulting from such disabilities.

"(b) CERTAIN AUTHORIZED ACTIVITIES.—With respect to the prevention of disabilities and conditions described in subsection (a), activities for which the Secretary may make a grant under such subsection include—

"(1) coordinating activities for the prevention of disabilities;

"(2) conducting demonstrations and interventions;

"(3) conducting surveillances and studies;

"(4) educating the public; and

"(5) educating and training health professionals (including allied health professionals) and conducting activities to improve the clinical skills of such professionals.

"(c) REPORTS TO SECRETARY.—The Secretary may not make a grant under subsection (a) unless the applicant for the grant agrees to submit to the Secretary such reports as the Secretary may require with respect to the grant.

"(d) PRIORITIES.—The Secretary shall consult with the National Council on Disability in setting priorities to carry out this section.

"(e) REQUIREMENT OF APPLICATION.—The Secretary may not make a grant under subsection (a) unless an application for the grant is submitted to the Secretary and the application is in such form, is made in such manner, and contains such agreements, assurances, and information as the Secretary determines to be necessary to carry out this section.

"(f) LIMITATION WITH RESPECT TO EDUCATION OF HEALTH PROFESSIONALS.—In making grants under subsection (a), the Secretary may not, for activities described in subsection (b)(5), obligate more than 10 percent of the amounts appropriated under subsection (j) for any fiscal year.

"(g) TECHNICAL ASSISTANCE.—The Secretary may provide training, technical assistance, and consultations with respect to the planning, development, and operation of any program for the prevention of disabilities and for the prevention of secondary conditions resulting from such disabilities.

"(h) PROVISION OF SUPPLIES AND SERVICES IN LIEU OF GRANT FUNDS.—

"(1) IN GENERAL.—On the request of a grantee under subsection (a), the Secretary may, subject to paragraph (2), provide supplies, equipment, and services for the purpose of aiding the grantee in carrying out such subsection and, for such purpose, may detail to the grantee any officer or employee of the Department of Health and Human Services.

"(2) CORRESPONDING REDUCTION IN PAYMENTS.—With respect to a request described in paragraph (1), the Secretary shall reduce the amount of payments under subsection (a) to the grantee by an amount equal to the costs of detailing personnel (including pay, allowances, and travel expenses) and the fair market value of any supplies, equipment, or services provided

by the Secretary. The Secretary shall, for the payment of expenses incurred in complying with such request, expend the amounts withheld.

"(i) EVALUATIONS AND REPORTS.—

"(1) EVALUATIONS.—The Secretary shall, directly or through contracts with public or private entities, provide for evaluations of programs carried out pursuant to subsection (a).

"(2) REPORTS.—The Secretary shall, not later than January 31, 1991, and annually thereafter, submit to the Committee on Energy and Commerce of the House of Representatives, and to the Committee on Labor and Human Resources of the Senate, a report summarizing evaluations carried out pursuant to paragraph (1) during the preceding fiscal year. The Secretary shall provide a copy of each such report to the National Council on Disability.

"(j) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of making grants and contracts under this section, there are authorized to be appropriated $10,000,000 for fiscal year 1991, $15,000,000 for fiscal year 1992, and $20,000,000 for fiscal year 1993.".

## IV. COMMITTEE VIEWS

The Committee recognizes that injuries kill more Americans aged 1-34 than all diseases combined and that accidents are the leading cause of death for individuals up to age 44. Injury is the fourth leading cause of mortality for individuals of all ages and a leading cause of disability. Children and the elderly, including residents of rural areas are at particular risk of injuries and related disabilities. Information from the CDC indicates that 143,000 persons died from injuries in 1985 and that while most injuries do not require hospitalization they account for 2.3 million hospitalizations (1/10 of all hospital admissions). The leading causes of injury are motor vehicles, falls, firearms, poisonings, fires and burns, and drownings.

Each year 1.8 million persons experience head injuries and 50,000 survive with a severe permanent disability. Each year eighty thousand children experience developmental disabilities and costs for this population exceed $16.5 billion. On an annual basis, childhood lead poisoning causes mental retardation and learning disabilities in approximately 675,000 children while only 10,500 children who develop lead poisoning receive physician care. Currently, there are an estimated 150,000 to 200,000 persons with spinal cord injuries whose costs of care approximates $5 billion each year.

The lifetime economic cost of injury as defined by the direct cost of medical care and indirect costs associated with loss of income due to short-term or long-term disability and premature death was estimated at $180 billion for 1988. The 25-44 age group accounted for 42 percent of this amount. Approximately, $62 million is spent in Federal funding on services for persons with disabilities while very little is spent on prevention.

The Committee accepts the conclusion of the National Research Council and the Institute of Medicine in the 1985 report, "Injury in America," that injury is not an insoluble problem. The Committee believes that with the proper efforts, the progress that has been

made (5 Injury Prevention Research Centers, national surveillance, data center, National Program for Disability Prevention) can be expanded to include additional sites, research projects, training of professionals and information dissemination. Such expansion would enhance the understanding of the causes of injury, encourage public awareness, prevent their occurrence and diminish the related primary and secondary disabilities. The Committee emphasizes the need for increased research projects, intervention services and information dissemination concerning injury among children and the elderly, including those residing in rural areas.

The Committee recognizes that, in the past, injury and disability prevention have not been major research or public health priorities. However, the success of the CDC Injury Control Program is a clear indication that such activities should remain CDC initiatives. The Committee commends the CDC on raising the awareness of professionals and the public to focus on injury and disability prevention and encourages the CDC to maintain a policy whereby injury control and disability prevention remain public health priorities. Such a policy may include the creation of a separate center for injury control within the CDC. The Committee encourages the CDC to consider this option when it seems most appropriate and when resources permit such action.

The Committee is aware that solving the problem of injuries and preventing disabilities requires the knowledge and expertise of professionals from all levels of government, academia and the medical community. Epidemiology, engineering, biomechanics, prevention, medical treatment, rehabilitation, and increased training opportunities with expanded information dissemination should be included in the injury control and disability prevention programs.

The Committee supports an increase in appropriations with the intent that additional Injury Prevention Research Centers be established. These centers should coordinate national injury control activities and serve as regional data collection sites.

In order for injury control and disability prevention to maintain its high priority status, the number of researchers and the dissemination of information must increase. The authorized level provides for the initiation of training programs for professionals. The award process is also expanded so that full advantage can be taken of academic, research and community based organizations that wish to engage in injury control and disability prevention projects.

The Committee is aware that many strategies exist that can prevent primary and secondary disabilities. They include reducing vehicular injuries through use of seat belts, air bags, helmets, and control of alcohol abuse; screening newborn infants for phenylketoneria and hypothyroidism; conducting lead screening; immunizations; providing adequate prenatal care and early identification of disabilities.

Authorization of the Disabilities Prevention Program indicates the Committee's agreement with the National Council on Disabilities that this program must continue and expand. The authorization is designed to coordinate activities, provide for demonstration programs and studies, public awareness and professional training projects. And, in order to provide adequate assistance to organizations that initiate disability prevention projects, the Secretary may

award grants and provide expert personnel from within the Department.

In general, the Committee supports an increase in public awareness of injury control and disability prevention thereby reducing the injuries and related effects. An annual report evaluating disability prevention demonstration programs is to be made available to Congress and the National Council on Disability.

## V. Committee Action

On May 16, 1990 the Committee met to consider S. 2631. One amendment to the bill authorizing a Disabilities Prevention Program, was offered by Senator Harkin, and approved unanimously by voice vote. The Committee agreed unanimously to report S. 2631 as amended to the Senate.

## VI. Cost Estimate

U.S. Congress,
Congressional Budget Office,
*Washington, DC, June 13, 1990.*

Hon. Edward M. Kennedy,
*Chairman, Committee on Labor and Human Resources,*
*U.S. Senate, Washington, DC.*

Dear Mr. Chairman: The Congressional Budget Office has prepared the attached cost estimate for S. 2631, the Injury Control Program Reauthorization Act of 1990, as ordered reported by the Senate Committee on Labor and Human Resources on May 16, 1990.

If you wish further details on this estimate, we will be pleased to provide them.

Sincerely,

Robert F. Hale
(For Robert D. Reischauer, Director).

Attachment:

### Congressional Budget Office—Cost Estimate

1. Bill number: S. 2631.
2. Bill title: Injury Control Program Reauthorization Act of 1990.
3. Bill status: As ordered reported by the Senate Committee on Labor and Human Resources on May 16, 1990.
4. Bill purpose: To amend the Public Health Service Act to reauthorize certain injury control programs, and for other purposes.
5. Estimated cost to the Federal Government:

[By fiscal years, in millions of dollars]

| | 1991 | 1992 | 1993 | 1994 | 1995 |
|---|---|---|---|---|---|
| Estimated Authorization Levels: | | | | | |
| Injury control | 40 | 42 | 43 | 45 | 47 |
| Disabilities prevention | 10 | 15 | 20 | .... | .... |
| Report | 1 | 1 | 1 | .... | .... |
| Total estimated authorization levels | 50 | 57 | 64 | 45 | 47 |

[By fiscal years, in millions of dollars]

| | 1991 | 1992 | 1993 | 1994 | 1995 |
|---|---|---|---|---|---|
| Total estimated outlays | [1] | 29 | 47 | 57 | 52 | 49 |

[1] Less than $500,000.

The costs of this bill fall within budget function 550.

Basis of Estimate: S. 2631 would reauthorize the injury research and control programs conducted by the Centers for Disease Control (CDC) for fiscal years 1991 to 1995. The bill specifies the fiscal year 1991 authorization level. The CBO estimated the fiscal years 1992 to 1995 authorization levels by increasing the 1991 authorization by projected inflation.

The bill would also authorize the Secretary of Health Services (HHS), acting through CDC, to make grants to, or enter into contracts with, nonprofit entities to carry out programs for the prevention of disabilities. In addition, the Secretary would have to evaluate these programs annually. The bill provides an authorization level for these activities.

The Secretary of HHS would have to report annually to Congress on the success of the disabilities prevention programs. Based on information provided by the staff of CDC, CBO estimates the report would cost $350,000 in each of fiscal years 1991 to 1995.

This estimate assumes that all authorizations are fully appropriated at the beginning of each fiscal year. Outlays are estimated using spendout rates computed by CBO on the basis of recent program data.

6. Estimated cost to State and local government: None.

7. Estimate comparison: None.

8. Previous CBO estimate: None.

9. Estimate prepared by: Karen Graham (226–2820).

10. Estimate approved by: C.G. Nuckols, for James L. Blum, Assistant Director for Budget Analysis.

## VII. Regulatory Impact Statement

The Committee has determined that there will be a minimal amount of regulatory burden and paperwork. Designated injury control and disability prevention activities are already taking place in the CDC and those activities will continue on an expanded basis without need for increased regulation. The Secretary is required to submit an annual report to the appropriate Committees of Congress on the disability prevention programs.

## VIII. Section-by-Section Analysis

S. 2631--Injury Control Program Reauthorization Act of 1990—a bill to amend the Public Health Service Act to reauthorize certain injury control programs, and for other purposes.

Section 1 of the bill cites the Act as the "Injury Control Program Reauthorization Act of 1990."

Section 2 permits CDC to enter into cooperative agreements as well as contracts to award grant funds. Eligibility for grants is also

expanded to include academic institutions for the training of injury control researchers.

Section 3 of the bill gives emphasis to the dissemination of prevention information and injury control activities for elderly individuals and children, including those elderly and children residing in rural areas. This section also expands the awarding of funds to public and private not-for-profit organizations, and with universities through grants, contracts, and cooperative agreements.

Section 4 authorizes an appropriation of $36 million for fiscal year 1991 and such sums as may be necessary for each of the fiscal years 1992 through 1995. Federal administrative expenses may not exceed 20 percent for any of the fiscal years.

Section 5 of the bill is cited as the "Disabilities Prevention Act of 1990" and amends Part B of title III of the Public Health Service Act, section 319 to create a new program activity.

Section 5 (a) and (b) establishes the program by authorizing the Secretary, acting through the Director of the Centers for Disease Control, to make grants, or enter into contracts or cooperative agreements with, public and nonprofit private entities for the purpose of carrying out programs for the prevention of disabilities and for the prevention of secondary disabilities. Activities for which the Secretary may make awards include:

(1) coordinating activities for the prevention of disabilities;

(2) conducting demonstrations and interventions;

(3) conducting surveillances and studies;

(4) educating the public; and

(5) educating and training health professionals (including allied health professionals) and conducting activities to improve the clinical skills of such professionals.

Section 5(c) prohibits the Secretary from making a grant unless the applicant agrees to submit regular reports as designated by the Secretary.

Section 5(d) directs the Secretary to consult with the National Council on Disability in setting priorities for disability prevention activities.

Section 5(e) is standard language that prohibits any award to an applicant that does not meet established application criteria, as determined by the Secretary.

Section 5(f) stipulates that the Secretary may not obligate more than 10 percent of the total amount appropriated in any fiscal year for grant activities designed to educate and train professionals (including allied health professionals) and those designed to improve the clinical skills of such professionals.

Section 5(g) permits the Secretary to provide training, technical assistance, and consultations with respect to the planning, development, and operation of any disability prevention program and secondary disability prevention program.

Section 5(h) authorizes the Secretary on request of a grantee, to provide supplies, equipment, and services, including the detailing of any officer or employee of the Department of Health and Human Services for the purpose of aiding the grantee in carrying out designated programs. The Secretary is further authorized to reduce the amount of grant award to a grantee by an amount equal to the costs of detailing personnel (including pay, allowances,

and travel expenses) and the fair market value of any supplies, equipment or services provided by the Secretary. The Secretary shall, for the payment of expenses incurred in complying with such request, expend the amounts withheld.

Section 5(i) requires the Secretary to evaluate, directly or through contract with public or private entities, programs authorized by this act. In addition, the Secretary must submit a report by January 31, 1991 and annually thereafter to the appropriate Committees of Congress summarizing the evaluations of programs activities from the preceding fiscal year. The Secretary shall provide a copy of the report to the National Council on Disability.

Section 5(j) authorizes an appropriation of $10 million for fiscal year 1991, $15 million for fiscal year 1992 and $20 million for fiscal year 1993.

## IX. Changes in Existing Law

In compliance with rule XXVI paragraph 12 of the Standing Rules of the Senate, the following provides a print of the statute or the part or section thereof to be amended or replaced (existing law proposed to be omitted is enclosed in black brackets, new matter is printed in italic, existing law in which no change is proposed is shown in roman):

### Public Health Service Act

* * * * * * * *

### TITLE III—GENERAL POWERS AND DUTIES OF PUBLIC HEALTH SERVICE

* * * * * * *

### Part B—Federal-State Cooperation

#### IN GENERAL

* * * * * * *

#### PUBLIC HEALTH EMERGENCIES

Sec. 319. (a) * * *

* * * * * * *

***SEC. 319A. PREVENTION OF DISABILITIES.***

*(a) In General.—The Secretary, acting through the Director of the Centers for Disease Control, may make grants to, or enter into contracts or cooperative agreements with, public and nonprofit private entities for the purpose of carrying out programs for the prevention of disabilities and for the prevention of secondary conditions resulting from such disabilities.*

*(b) Certain Authorized Activities.—With respect to the prevention of disabilities and conditions described in subsection (a), activities for which the Secretary may make a grant under such subsection include—*

*(1) coordinating activities for the prevention of disabilities;*

*(2) conducting demonstrations and interventions;*

*(3) conducting surveillances and studies;*

*(4) educating the public; and*

*(5) educating and training health professionals (including allied health professionals) and conducting activities to improve the clinical skills of such professionals.*

*(c) REPORTS TO SECRETARY.—The Secretary may not make a grant under subsection (a) unless the applicant for the grant agrees to submit to the Secretary such reports as the Secretary may require with respect to the grant.*

*(d) PRIORITIES.—The Secretary shall consult with the National Council on Disability in setting priorities to carry out this section.*

*(e) REQUIREMENT OF APPLICATION.—The Secretary may not make a grant under subsection (a) unless an application for the grant is submitted to the Secretary and the application is in such form, is made in such manner, and contains such agreements, assurances, and information as the Secretary determines to be necessary to carry out this section.*

*(f) LIMITATION WITH RESPECT TO EDUCATION OF HEALTH PROFESSIONALS.—In making grants under subsection (a), the Secretary may not, for activities described in subsection (b)(5), obligate more than 10 percent of the amounts appropriated under subsection (j) for any fiscal year.*

*(g) TECHNICAL ASSISTANCE.—The Secretary may provide training, technical assistance, and consultations with respect to the planning, development, and operation of any program for the prevention of disabilities and for the prevention of secondary conditions resulting from such disabilities.*

*(h) PROVISION OF SUPPLIES AND SERVICES IN LIEU OF GRANT FUNDS.—*

*(1) IN GENERAL.—On the request of a grantee under subsection (a), the Secretary may, subject to paragraph (2), provide supplies, equipment, and services for the purpose of aiding the grantee in carrying out such subsection and, for such purpose, may detail to the grantee any officer or employee of the Department of Health and Human Services.*

*(2) CORRESPONDING REDUCTION IN PAYMENTS.—With respect to a request described in paragraph (1), the Secretary shall reduce the amount of payments under subsection (a) to the grantee by an amount equal to the costs of detailing personnel (including pay, allowances, and travel expenses) and the fair market value of any supplies, equipment, or services provided by the Secretary. The Secretary shall, for the payment of expenses incurred in complying with such request, expend the amounts withheld.*

*(i) EVALUATIONS AND REPORTS.—*

*(1) EVALUATIONS.—The Secretary shall, directly or through contracts with public or private entities, provide for evaluations of programs carried out pursuant to subsection (a).*

*(2) REPORTS.—The Secretary shall, not later than January 31, 1991, and annually thereafter, submit to the Committee on Energy and Commerce of the House of Representatives, and to the Committee on Labor and Human Resources of the Senate, a report summarizing evaluations carried out pursuant to paragraph (1) during the preceding fiscal year. The Secretary shall*

*provide a copy of each such report to the National Council on Disability.*

*(j) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of making grants and contracts under this section, there are authorized to be appropriated $10,000,000 for fiscal year 1991, $15,000,000 for fiscal year 1992, and $20,000,000 for fiscal year 1993.*

* * * * * * *

## PART J—INJURY CONTROL

### RESEARCH

SEC. 391. (a) The Secretary, through the Director of the Centers for Disease Control, shall—

(1) conduct, and give assistance to public and nonprofit private entities, scientific institutions, and individuals engaged in the conduct of, research relating to the causes, mechanisms, prevention, diagnosis, treatment of injuries, and rehabilitation from injuries; [and]

(2) make grants to, *or enter into cooperative agreements with,* public and nonprofit private entities (including academic institutions, hospitals, and laboratories) and individuals for the conduct of such research[.]*; and*

*(3) make grants available to academic institutions for the training of injury control researchers.*

* * * * * * *

### CONTROL ACTIVITIES

SEC. 392. (a) The Secretary, through the Director of the Centers for Disease Control, shall—

(1) assist States and political subdivisions of States in activities for the prevention of injuries; [and]

(2) encourage regional activities between States designed to reduce injury rates[.]*; and*

*(3) in conducting activities under paragraph (1) or (2), give emphasis to the dissemination of prevention information and injury control activities for elderly individuals and children, including those elderly and children residing in rural areas.*

(b) * * *

* * * * * * *

(2) work in cooperation with Federal, State, and local agencies to promote injury control, *with public and private not-for-profit organizations such as community-based organizations, and with universities through grants, contracts, and cooperative agreements.*

* * * * * * *

### [AUTHORIZATIONS OF APPROPRIATIONS

[SEC. 394. (a) To carry out sections 391 and 392, there are authorized to be appropriated $10,000,000 for each of the fiscal years 1988, 1989, and 1990. Of the amounts appropriated under this section for any fiscal year, not more than 20 percent may be used for

Federal administrative expenses to carry out such section for such fiscal year.]

*SEC. 394. AUTHORIZATION OF APPROPRIATIONS.*

*There are authorized to be appropriated to carry out this part, $40,000,000 for fiscal year 1991, and such sums as may be necessary in each of the fiscal years 1992 through 1995. Of the amounts appropriated under this section for any fiscal year, not to exceed 20 percent shall be used for Federal administrative expenses to carry out this part for such fiscal year.*

○